

**Troop Meeting Permission Slip** This form is valid for the entire Program Year. If any information changes, parent/guardian(s) can make updates at any time.

Please return this form to the Troop by:	
Girl Name	
Troop number	
Meeting location address	
Typical meeting day	
Typical meeting time	
Emergency Contacts	Name
	Relationship
	Phone number
	Name
	Relationship
	Phone number
Girl Member can be released to the following people:	
I have submitted a Health and Medical Form which has my daughter's current	Yes
health information.	No
As the parent/guardian I authorize my daughter to participate in Troop Meetings for the duration of the Program Year. I understand Troop Meetings may be held virtually when necessary.	
Parent/guardian signature	
Date	

Aug 2022